

Survey About Parents' Vaccination Decision for their Child

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This is a questionnaire designed to be completed by caregivers in a patient home. The tool includes questions to assess attitudes around social media.

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The purpose of this survey is to help Kaiser Researchers better understand how parents make decisions about vaccinating their children so we can better serve our patients.

Instructions

When questions are asked about "your child" it means the child whose name is on the letter and envelope that accompanied the survey.

1. Where does your child receive a majority of their health care? (please check the ONE best answer)

- Kaiser primary care provider (pediatrician or family physician)
- Kaiser specialist provider
- Other medical provider outside of Kaiser (pediatrician or family physician)
- Alternative medicine provider (such as a chiropractor, acupuncturist, homeopath, or naturalist)

2. Please select which option BEST describes your vaccination decision for your child.

- I am generally **comfortable** with vaccines, and get **all vaccinations** recommended by my Kaiser provider.
- I have many **concerns** about vaccines, but get **all** vaccines for my child recommended by my Kaiser provider **on a delayed schedule**
- I have many **concerns** about vaccines and only get **some** of the vaccines for my child recommended by my Kaiser provider.
- I have many **concerns** about vaccines and **do not get any** vaccines recommended by my Kaiser provider for my child.
- I have many **concerns** about vaccines, but get **all** vaccines for my child recommended by my Kaiser provider **on time**.

3. If you do not vaccinate your child according to your Kaiser physician's recommendations, please describe the reason why? (please check the ONE best answer)

- Medical condition impacting my child's ability to receive vaccines.
(please describe _____)
- Religious beliefs
- Personal beliefs
- Other (please describe _____)
- Not Applicable-I do vaccinate according to my Kaiser physician's recommendations.

4. When did you first begin thinking about vaccinations for your child? (please check the ONE best answer)

- Before pregnancy
- During pregnancy
- At or around the time of my child's first well child visit
- After my child's first well child visit

5. How confident are you that:

Statement	Not at all confident	Somewhat confident	Moderately confident	Very confident	Absolutely confident
a. You can protect your child from some types of infectious disease by vaccinating him/her?	<input type="checkbox"/>				
b. You have the necessary information to make decisions about vaccination for your child?	<input type="checkbox"/>				

6. Which statement best describes to what extent you re-evaluate your decision on vaccination for your child? (please check the ONE best answer)

- I never re-evaluate my decision to vaccinate
- I re-evaluate my decision to vaccinate rarely
- I re-evaluate my decision to vaccinate occasionally
- I am constantly re-evaluating my decision to vaccinate

7. Who helped you make your vaccination decision for your child? (please check all that apply)

- Spouse or partner
- Alternative medicine provider (such as a chiropractor, acupuncturist, homeopath, naturalist)
- Family Member
- Friends
- Medical Provider (such as a pediatricians or family physician)
- None, I made the decision without the input of others
- Other (please describe _____)

8. Which person selected above had the *most* influence on your vaccination decision for you child? (please check the ONE best answer)

- Spouse or partner
- Alternative medicine provider (such as chiropractor, acupuncturist, homeopath, naturalist)
- Family Member
- Provider
- Friends
- None, I made the decision without the input of others
- Other (please describe _____)

9. Thinking back to when you made your decision about vaccinations for your child, please answer the following questions about your preferences for additional resources or information.

	Yes	No
a. I would have liked a discussion about vaccination for my child with the Obstetrician while I or my partner was pregnant.	<input type="checkbox"/>	<input type="checkbox"/>
b. I would have liked to receive additional written materials from my provider about vaccines.	<input type="checkbox"/>	<input type="checkbox"/>
c. I would have liked to receive a handout listing additional sources of vaccine information from my provider.	<input type="checkbox"/>	<input type="checkbox"/>

Some people think a prenatal class might be helpful for parents. A class such as this would last an hour and include 20 minutes of vaccine information followed by 40 minutes of question and answer with a vaccine expert.

10. How strongly would you agree or disagree with the following statements about the prenatal vaccination class described above?

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
a. I would be likely to attend a prenatal vaccination class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I would be too busy to attend a vaccination class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would trust vaccine information coming from or hosted by Kaiser.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have other sources of vaccine information I would trust more than a vaccination class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I would trust information in a prenatal vaccination class provided by a pediatrician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I would trust information in a prenatal vaccination class provided by a research scientist specializing in vaccines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I would trust information in a prenatal vaccination class provided by a nurse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I would trust information in a prenatal vaccination class provided by a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I would trust information in a prenatal vaccination class provided by an alternative medicine provider (such as a chiropractor, naturalist, homeopath, acupuncturist).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Some parents find websites very useful in learning about vaccines. A vaccine related website is being developed in Colorado. This website would provide vaccine safety information, information about vaccine preventable diseases, and up to date information on vaccine research and news stories. The website would also provide an opportunity for question and answer sessions with a vaccine expert and give parents an opportunity to discuss vaccine experiences, express concerns, and chat with other parents.

11. How strongly would you agree or disagree with the following statements about a social media website as described above?

Statement	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
a. I would be too busy to use the website.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I do not have a home computer or internet access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would use the website often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would trust the website in providing vaccine information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I would trust the website if it was hosted by Kaiser Permanente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I would use the website to ask questions to vaccine experts (pediatrician).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I would be likely to post something on this website.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I would be likely to discuss experiences with other parents on this website.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I would be likely to express vaccine concerns on this website.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I would use the website to receive the current vaccine news stories.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I would use the website to see what vaccinations my child will be receiving at the next provider visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Have you ever seen a Kaiser provider for your child's health care?

- Yes (If yes go to next question)
- No (If no go to question # 14)

13. How strongly do you agree or disagree with the following statements about your Kaiser provider?

Statement	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
a. I trust my Kaiser provider’s advice on my child’s nutrition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I trust my Kaiser provider’s advice on my child’s physical examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I trust my Kaiser provider’s advice on my child’s behavior and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I trust my Kaiser provider’s advice on my child’s vaccinations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My Kaiser provider benefits financially in providing vaccines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I had enough time to discuss vaccination with my Kaiser provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My child’s Kaiser provider discussed the risks of vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My child’s Kaiser provider discussed the benefits of vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My child’s Kaiser Provider is knowledgeable about vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Have you ever seen an alternative medicine provider (such as a chiropractor, naturalist, homeopath, acupuncturist) for your child’s health care?

- Yes (If yes go to next question)
- No (If no go to question #16)

15. How strongly do you agree or disagree with the following statements about your alternative medicine provider?

Statement	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
a. I trust my alternative medicine provider's advice on my child's nutrition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I trust my alternative medicine provider's advice on my child's physical examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I trust my alternative medicine provider's advice on my child's behavior and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I trust my alternative medicine provider's advice on my child's vaccinations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My alternative medicine provider benefits financially in providing vaccines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I had enough time to discuss vaccination with my alternative medicine provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My child's alternative medicine provider discussed the risks of vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My child's alternative medicine provider discussed the benefits of vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My child's alternative medicine provider is knowledgeable about vaccines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEMOGRAPHICS

16. What is your gender? (Please check the ONE best answer)

- Male
- Female

17. What race or ethnic group do you identify with the most? (Please check all that apply)

- Native American or Alaskan Native (American Indian)
- Asian or Pacific Islander
- Black or African-American
- Hispanic or Latino
- White, Non-Hispanic
- Other: _____
- Declined

18. What is your marital status? (Please check the ONE best answer)

- Married
- Separated
- Divorced
- Widowed
- Single, not in a relationship
- Single, but in relationship

19. What is the highest level of school you have completed? (Please check the ONE best answer)

- Elementary School
- Some High School, or GED diploma
- Graduated from High School
- Some College
- Graduated from College
- Graduate or professional school after college
- Declined

20. What was your yearly household income last year before taxes?

- Less than \$10,000 per year
- Between \$10,000 and \$30,000 per year
- Between \$30,000 and \$50,000 per year
- Between \$50,000 and \$70,000 per year
- Between \$70,000 and \$90,000, or
- More than \$90,000
- Declined

21. If you have anything you would like to add about your vaccination decision for your child, please write your comments in the space provided:

22. How long did it take you to complete this survey?

- Less than 10 minutes
- 10-20 minutes
- 21-30 minutes
- More than 30 minutes

23. Would you have preferred to take this survey online?

- Yes
- No

24. Were any of the questions on this survey hard to understand?

- Yes (If yes, go to question 25)
- No (If no, you have completed the survey)

25. Which questions were hard to understand? (please list the question numbers in the space below)

If you are interested in helping us create a website to help address parents' questions and concerns about vaccinations please check yes and enter your name, telephone number, and the best time to reach you so that our study team can contact you with more information. You may also contact (PM name and phone number) to learn more about this.

Yes, please contact me about helping with the vaccine website

Name: _____

Best time to be reached: _____